

Domestic Worker Protector (2.0) Proposal Form

家傭靈活保 (2.0) 投保表格

(Please complete in ENGLISH BLOCK letter 請以英文正楷填寫)

Policy Effective Date 保單生效日期：

From 由 _____ - _____ (MM月/DD日/YY年)

(Back-dating is unacceptable 不可追溯保單生效日期)

Information of Employer 僱主資料

Full Name of Employer 僱主姓名：

Surname姓 _____ Given Name名 _____

HKID Card / Passport No. 香港身份證 / 護照號碼： _____ ()

Occupation 職業： _____

Tel. No. 電話號碼：(Residence 住宅) _____

(Mobile 手提電話) _____

Email 電郵地址： _____

Mailing Address 聯絡地址： _____

HK香港島 KLN九龍 NT新界 Outlying Island離島

Place of employment 僱工受保工作地址 (if different from above 如與上述地址不同)： _____

HK香港島 KLN九龍 NT新界 Outlying Island離島

Information of Domestic Worker 家傭資料

Full Name of Domestic Worker家傭姓名：

Surname姓 _____ Given Name名 _____

Date of Birth 出生日期： _____ MM月 / _____ DD日 / _____ YY年

Passport or HKID Card No. 護照或香港身份證號碼： _____

Sex性別： Female女性 Male男性

Nationality國籍： Philippines菲律賓 Thailand泰國 Indonesia印尼

Others 其他 - (Please State請註明) _____

Nature性質： Full-time 全日 Part-time 兼職

Duties工作： Domestic works# 一般家務 Chauffeur* 司機 Doula* 陪月

Others* 其他： _____

Monthly salary 每月薪金 HK\$港幣： _____

* Subject to special rating / extra premium 需附加額外保費

Premium loading applies if monthly salary more than HK\$8,000

如每月薪金多於港幣8,000元需附加額外保費

Please answer the following question 請回答下列問題：

Has your domestic worker ever been refused and/or required Yes是 No否

special terms and/or additional premium for any accident or illness insurance?

閣下之家傭曾否被拒絕接受投保意外或疾病保險，或被附加

特別條件或要求繳付額外保費？

(If your answer is "Yes", please give details on separate sheet. 如問題之答案為“是”者，請另加紙說明。)

Please “✓” the appropriate box 請在適當的方格加上✓號

	Basic Plan 基本計劃 (Section 1 only 保障項目1)	Extra Care 優越計劃 (Section 1-6 保障項目1-6)	Super Care 卓越計劃 (Section 1-11 保障項目1-11)
1 Year Premium 一年保費	<input type="checkbox"/> HK\$285*	<input type="checkbox"/> HK\$380*	<input type="checkbox"/> HK\$719*
2 Years Premium 二年保費	<input type="checkbox"/> HK\$492*	<input type="checkbox"/> HK\$688*	<input type="checkbox"/> HK\$1,299*

* Premium is inclusive of Levies 保費已包括徵款

Optional Supplementary “Cancer & Heart Disease Medical Benefit” (Section 3 & 4) -
Only applicable to Extra Care & Super Care Plan

自選附加“癌症及心臟病保障”(保障項目3及4)僅適用於優越計劃及卓越計劃

1 Year Premium 一年保費 – HK\$300

2 Years Premium 二年保費 – HK\$540

Payment Method 保費付款方法

Please ✓ the appropriate box 請在適當的方格加上✓號

Payment by Cheque 支票付款

Cheque No. 支票號碼： _____

Bank 銀行： _____

Cheque should be crossed and made payable to “AIG Insurance Hong Kong Limited”
劃線支票抬頭請註明「美亞保險香港有限公司」

Payment By Credit Card 信用卡付款

 VISA Card VISA卡  Master Card 萬事達卡

Card No. 信用卡號碼： _____

Expiry Date 信用卡屆滿日期： _____ (MM月 / YY年)

Card Holder's Name 信用卡持有人姓名： _____

Card Holder's Signature 信用卡持有人簽署： _____

Date 日期： _____

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my
VISA/ MasterCard account for the premium stated on this Proposal Form.
本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付
本投保表格所註明之保費。

For office use only 公司專用
Producer Name
Producer Code
Producer Contact Tel. No.

PP01DWP2.0A-07/16

Declaration 聲明

I/we declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this Proposal Form the followings:
本人 / 吾等現聲明並謹代表本人 / 吾等及任何有權或聲稱有權就本投保表格要求保險賠償的人仕
同意下列各項：

- In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.
本人 / 吾等同意如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準；本人 / 吾等同時明白保險契約只會以英文發出，並會於本申請獲接納及核實時生效。
- I/we agree that AIG Insurance Hong Kong Limited (hereinafter called “AIG Hong Kong”) reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective.
本人 / 吾等同意美亞保險香港有限公司(以下簡稱爲「美亞保險」)，保留一切接納申請與否之權利；並明白申請經美亞保險接納及批核後，保障才正式生效。
- My/our declarations made herein, together with all information provided by me/us are full, complete and true and shall constitute the basis of the contract between the parties thereto. I/we understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void.
本人 / 吾等謹此聲明上述填報及其他本人 / 吾等提供之資料均爲完整無缺及全爲事實，並同意此等資料將構成本人 / 吾等與美亞保險所訂保險合約之基本條件；本人 / 吾等明白凡因投保當時及之前已診斷、已知、曾治理及 / 或已患之疾病、損傷或其他狀況而引致之醫療需要，一律不予賠償。如有違反此項聲明，任何關於本投保表格之保險合約將會作廢。
- In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集之個人資料，本人 / 吾等同意及確認：
 - (a) (Unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited (“AIG HK”) to process this application and any such data not provided may mean this application cannot be processed.
除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司(“美亞保險”)處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；
 - (b) The personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途)；
 - (c) Unless I/we have indicated otherwise by ticking the “Promotion Material Opt-out” box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
除非本人 / 吾等於以下的「不收取推廣資料」方格填上✓號以作表示(其內容本人 / 吾等已細閱)，美亞保險可使用本人 / 吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人 / 吾等有關其它由AIG集團提供之保險產品，而在未獲本人 / 吾等同意的情况下，本人 / 吾等之個人資料將不會被如此使用；
 - (d) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
 - i) Third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii) Financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii) In the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv) For the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
 - v) Another member of the AIG group (for all of the purposes stated in (b) and (c) in any country; or
 - vi) Other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，作上述(b)及(c)項所列明之用途：
 - i) 提供有關本人 / 吾等保單管理服務的第三者(包括再保險公司)；
 - ii) 財務機構，作處理此申請及收取保費；
 - iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
 - iv) AIG集團授權的市場推廣公司，以作直銷之用(如上(c)項所述)；
 - v) 其它在任何國家之AIG集團之成員公司，作上述(b)及(c)項所列明之用途；或
 - vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
 - (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.
本人 / 吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com)查閱、或要求修改本人 / 吾等的個人資料(美亞保險可就查閱及修改要求收取合理費用)，或選擇不將本人 / 吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

Promotion Material Opt-out (if you wish to opt-out, please tick)
不收取推廣資料(如閣下不欲收取推廣資料，請在方格填上✓號)

Signature of Employer 僱主簽名

Date 日期